STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010064	A. BUILDING _____ B. WING _____	C 11/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PLACE AT FALL CREEK LLC	5011 KESSLER BLVD E INDIANAPOLIS, IN 46220

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the investigation of Complaint IN00118788. Complaint IN00118788 - Substantiated - No findings related to the allegations are cited. Date of Survey: November 9, 2012 Facility number: 010064 Provider number: 010064 AIM number: NA Survey Team: Mary Jane G. Fischer RN Census bed type: Residential: 50 Total: 50 Census payor type: Other: 50 Total: 50 Sample: 8 Brookdale Place at Fall Creek LLC was found to be in compliance with 410 IAC 16.2 in regard to the investigation of Complaint IN00118788. Quality review completed 11/9/12 Cathy Emswiller RN	R 000		